

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	786852	FILING DATE
APPLICANT(S)		

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2		1			
TOTAL DEP.	16	↔	1	↔	1	↔
TOTAL CLAIMS	18	[REDACTED]	/	[REDACTED]	[REDACTED]	[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.		↔		↔		↔		↔
TOTAL CLAIMS		[REDACTED]	/	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]